

CITY OF CUDAHY  
Inspection Dept. 769-2211  
FAX: 769-1293

## APPLICATION FOR BUILDING PERMIT

KEY# \_\_\_\_\_  
PERMIT# \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

### DECK

(Porch Addition or Replacement)

**NOTE: ALL WOOD MUST BE PRESSURE TREATED OR NATURALLY DECAY RESISTANT.**

Was this house constructed prior  
to June 1, 1980? ☐ YES ☐ NO

- ☐ Deck  
☐ Porch  
☐ Other \_\_\_\_\_  
☐ New Construction  
☐ Repair/Replace Existing  
☐ Detached (from house)  
☐ Attached \_\_\_\_\_  
(describe anchors/fasteners)

Dimensions \_\_\_\_\_ x \_\_\_\_\_

Sq. Footage \_\_\_\_\_

	Posts	Beams	Joists	Decking
Size	x	x	x	x
Species				
Grade				
Spacing				
Span				

PLEASE PRINT OR TYPE

PLEASE PRINT EXACT STREET ADDRESS OF PROJECT IN BOX  
Please fill in all spaces - Thank You!

Job Valuation: \$ \_\_\_\_\_

Occupant: \_\_\_\_\_

Owner: \_\_\_\_\_

Owner's Address if Different: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Phone: Home \_\_\_\_\_ Work; \_\_\_\_\_

Contr./Applicant: \_\_\_\_\_

Contr./Appl's. Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contr./Appl's. Phone: \_\_\_\_\_

Architect's Name: \_\_\_\_\_

Architect's Phone: \_\_\_\_\_

**The scale drawings you submit must correspond with the above information.**

REMARKS \_\_\_\_\_

#### **Applicant, please note:**

I have received a copy of the City of Cudahy's informational sheet regarding the construction of a deck/porch. I understand that I, as the applicant have a responsibility to comply with all applicable codes, statutes and ordinances of the City of Cudahy. The issuance of the Permit creates no legal liability, express or implied on the Department or the City. All information provided is accurate.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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#### PERMIT FEE CALCULATION

Total Sq. Ft. \_\_\_\_\_

Plan Review \_\_\_\_\_

cost per Sq. Ft. x \_\_\_\_\_

Minimum Fee \_\_\_\_\_

Total \_\_\_\_\_

Reviewed by: \_\_\_\_\_

RETURN TO: Cudahy Inspection Dept., 5050 S. Lake Dr., PO Box 100510, Cudahy, WI 53110-0380